

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/009972** FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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OTAL ID.	2					
OTAL EP.	13					
OTAL CLAIMS	15					

51	IND.	DEP.	IND.	DEP.	IND.	DEP.
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